

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5188NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/28/2010
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS COUNSELING CENTERS, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4225 S EASTERN AVE STE 11 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 21044</p> <p>This Statement of Deficiencies was generated as the result of a Complaint Investigation conducted at your facility from 12/30/09 to 1/28/10. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV000240289 was substantiated. See Tag N175.</p>	N 00		
N175 SS=C	<p>449.1548(10) OPERATIONAL REQUIREMENTS</p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <p>10. Comply with all applicable local laws and regulations, including, but not limited to, zoning laws and regulations.</p> <p>This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review from 12/30/09 to 1/28/10, the facility failed to comply with sections of Nevada Administrative Code (NAC) 458.</p> <p>Findings include:</p> <p>The Substance Abuse Prevention and Treatment Agency (SAPTA) conducted an on-site audit of</p>	N175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N175	<p>Continued From page 1</p> <p>patient files on 1/7/10 as a result of a complaint. During the audit, SAPTA personnel reviewed 5 patient files and the following was identified:</p> <ul style="list-style-type: none"> - Proper diagnosis were not applied or justified in patient files. - Treatment plans were not being revised per NAC 458.246(3)(a) and (b). - Services used to facilitate treatment plan objectives were not documented per NAC 458.246 (2)(a-c). - Treatment plans were not being completed within the initial time frame identified in NAC 458.246(2). <p>Severity: 1 Scope: 3</p>	N175			

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